

## DATA COLLECTION FORM

Patient Number (Ref): \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Length of Stay (days): \_\_\_\_\_

Gender: \_\_\_\_\_ Age of Patient: \_\_\_\_\_ Weight: \_\_\_\_\_ Serum Creatinine: \_\_\_\_\_

Underlying Disease: \_\_\_\_\_ AND/OR Co-morbidity: \_\_\_\_\_

CrCl (MDRD): \_\_\_\_\_

Total Number of Medicines: \_\_\_\_\_ Total Number of Drugs requiring adjustment: \_\_\_\_\_ No of adjusted drugs: \_\_\_\_\_

TREATMENT PRECIBED									
Drug Prescribed	Generic Name	Qty.	Route	Dose	Frequency	Daily Dose	Estimated dose	Adjustment (1/0)*	Adjusted (1/0)**
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									

\* 1=Required, 0=Not Required; \*\* 1=Yes, 0=No